

Homeless Outreach to Displaced Victims of Hurricane Katrina in Texas

Volunteer Application Form

Name: _____ E-mail: _____

Agency: _____

Phone (Day): _____ (Evening): _____ Cell Phone: _____

1. Have you had experience doing street outreach (non-office based) with a MH/SA or medically unstable population? Yes _____ No _____

If yes, how long? _____

Briefly describe _____

2. Have you had experience with special populations, (check all that apply):

- a. Homeless youth? Yes _____ No _____
- b. Developmentally disabled? Yes _____ No _____
- c. Mothers with kids? Yes _____ No _____
- d. Other? Explain _____

3. Have you had experience with:

- a. Mobile crisis teams? Yes _____ No _____
- b. Trauma work with this population? Yes _____ No _____

4. Describe your clinical background, degree, training, etc., _____

5. Are you multi-lingual? Yes _____ No _____

List languages: _____

6. Are you willing to work on the streets in one of the 3 identified cities?

Yes _____ No _____

7. Are you comfortable working in a situation where there may be communicable disease, violence, and possible child abuse? Yes_____ No_____
8. Are you licensed or do you have training in critical incident stress debriefing or management? Yes_____ No_____
9. What dates are you available to travel to Texas?
Leave _____ Return _____
Leave _____ Return _____
10. Have you been vaccinated for tetanus within the last 5 years? Yes_____ No_____
11. Have you been vaccinated for hepatitis A? Yes_____ No_____
12. May we contact your direct supervisor for a reference?
Yes_____ No_____

If yes, please provide the following:

- a. Name: _____
- b. Title: _____
- c. Organization: _____
- d. Telephone: _____
- e. E-mail: _____

Fax Form to: Advocates for Human Potential @518-475-7654

E-mail Form to: Homelessoutreach@ahpnet.com

Questions may be addressed to: Richard Becker @ 518-475-9146 Ext. 260 (New York) or
Lynn Aronson @ 805-452-9584 (California)



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